### § 164.500

Standards	Sections	Implementation Specifications (R)=Required, (A)=Addressable
Assigned Security Responsibility Workforce Security	164.308(a)(2) 164.308(a)(3)	Sanction Policy (R) Information System Activity Review (R) (R) Authorization and/or Supervision (A) Workforce Clearance Procedure
Information Access Management	164.308(a)(4)	Termination Procedures (A) Isolating Health care Clearinghouse Function (R) Access Authorization (A)
Security Awareness and Training	164.308(a)(5)	Access Establishment and Modification (A) Security Reminders (A) Protection from Malicious Software (A) Log-in Monitoring (A) Password Management (A)
Security Incident Procedures Contingency Plan	164.308(a)(6) 164.308(a)(7)	Response and Reporting (R) Data Backup Plan (R) Disaster Recovery Plan (R) Emergency Mode Operation Plan (R) Testing and Revision Procedure (A) Applications and Data Criticality Analysis (A)
Evaluation	164.308(a)(8) 164.308(b)(1)	(R) Written Contract or Other Arrangement (R)
	Physical Safe	guards
Facility Access Controls	164.310(a)(1)	Contingency Operations (A) Facility Security Plan (A) Access Control and Validation Procedures (A) Maintenance Records (A)
Workstation Use	164.310(b) 164.310(c) 164.310(d)(1)	(R) (R) Disposal (R) Media Re-use (R) Accountability (A) Data Backup and Storage (A)
	Technical Safeguards	(see § 164.312)
Access Control	164.312(a)(1)	Unique User Identification (R) Emergency Access Procedure (R) Automatic Logoff (A) Encryption and Decryption (A)
Audit Controls	164.312(b) 164.312(c)(1)	(R) Mechanism to Authenticate Electronic Protected Health Information (A)
Person or Entity Authentication Transmission Security	164.312(d) 164.312(e)(1)	(R) Integrity Controls (A) Encryption (A)

## Subpart D [Reserved]

# Subpart E—Privacy of Individually Identifiable Health Information

AUTHORITY: 42 U.S.C. 1320d-2 and 1320d-4, sec. 264 of Pub. L. 104–191, 110 Stat. 2033–2034 (42 U.S.C. 1320d-2(note)).

### § 164.500 Applicability.

(a) Except as otherwise provided herein, the standards, requirements, and implementation specifications of this subpart apply to covered entities with respect to protected health information.

- (b) Health care clearinghouses must comply with the standards, requirements, and implementation specifications as follows:
- (1) When a health care clearinghouse creates or receives protected health information as a business associate of another covered entity, the clearinghouse must comply with:
- (i) Section 164.500 relating to applicability;
- (ii) Section 164.501 relating to definitions;
- (iii) Section 164.502 relating to uses and disclosures of protected health information, except that a clearinghouse is prohibited from using or disclosing

protected health information other than as permitted in the business associate contract under which it created or received the protected health information:

- (iv) Section 164.504 relating to the organizational requirements for covered entities;
- (v) Section 164.512 relating to uses and disclosures for which individual authorization or an opportunity to agree or object is not required, except that a clearinghouse is prohibited from using or disclosing protected health information other than as permitted in the business associate contract under which it created or received the protected health information;
- (vi) Section 164.532 relating to transition requirements; and
- (vii) Section 164.534 relating to compliance dates for initial implementation of the privacy standards.
- (2) When a health care clearinghouse creates or receives protected health information other than as a business associate of a covered entity, the clearinghouse must comply with all of the standards, requirements, and implementation specifications of this subpart.
- (c) The standards, requirements, and implementation specifications of this subpart do not apply to the Department of Defense or to any other federal agency, or non-governmental organization acting on its behalf, when providing health care to overseas foreign national beneficiaries.

[65 FR 82802, Dec. 28, 2000, as amended at 67 FR 53266, Aug. 14, 2002; 68 FR 8381, Feb. 20, 2003]

#### § 164.501 Definitions.

As used in this subpart, the following terms have the following meanings:

Correctional institution means any penal or correctional facility, jail, reformatory, detention center, work farm, halfway house, or residential community program center operated by, or under contract to, the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, for the confinement or rehabilitation of persons charged with or convicted of a criminal offense or other persons held in lawful custody. Other persons held in lawful custody in-

cludes juvenile offenders adjudicated delinquent, aliens detained awaiting deportation, persons committed to mental institutions through the criminal justice system, witnesses, or others awaiting charges or trial.

Data aggregation means, with respect to protected health information created or received by a business associate in its capacity as the business associate of a covered entity, the combining of such protected health information by the business associate with the protected health information received by the business associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.

Designated record set means:

- (1) A group of records maintained by or for a covered entity that is:
- (i) The medical records and billing records about individuals maintained by or for a covered health care provider;
- (ii) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
- (iii) Used, in whole or in part, by or for the covered entity to make decisions about individuals.
- (2) For purposes of this paragraph, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

Direct treatment relationship means a treatment relationship between an individual and a health care provider that is not an indirect treatment relationship.

Health care operations means any of the following activities of the covered entity to the extent that the activities are related to covered functions:

(1) Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; population-based activities relating to improving health or reducing health care